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PTO/SB/01 (12-97)

Approved for use through 9/30/00. OMB 0651-0032

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

Declaration Submitted with Initial Filing OR Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number	ORA 100/102
First Named Inventor	James Ronald Lawter
COMPLETE IF KNOWN	
Application Number	09 / 661,836
Filing Date	September 14, 2000
Group Art Unit	
Examiner Name	

As a below named Inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

FORMULATIONS FOR TREATING OR PREVENTING MUCOSITIS

the specification of which

(Title of the Invention)

is attached hereto

OR

was filed on (MM/DD/YYYY) **09/14/2000** as United States Application Number or PCT International

Application Number **09/661,836** and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES	Certified Copy Attached? NO
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.
60/153,892	09/14/1999	<input type="checkbox"/>

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

ORA 100/102

9054/27

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DECLARATION — Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: Customer Number → Registered practitioner(s) name/registration number listed below

Place Customer Number Bar Code Label here

Name	Registration Number	Name	Registration Number
Patrea L. Pabst	31,284	Robert A. Hodges	41,074
Kevin W. King	42,737		

Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.

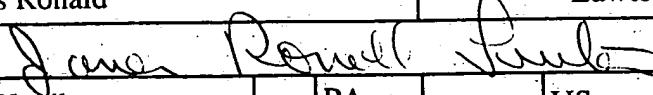
Direct all correspondence to: Customer Number OR Correspondence address below

Name	Patrea L. Pabst		
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City	Atlanta	State	GA
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		ZIP	30309-3450
		Fax	(404)873-8795

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on, information, and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor: A petition has been filed for this unsigned inventor

Given Name (first and middle if any)	Family Name or Surname		
James Ronald	Lawter		

Inventor's Signature				Date	10-3-00
Residence: City	Yardley	State	PA	Country	US
Post Office Address	475 Prince William Court				
Post Office Address					
City	Yardley	State	PA	ZIP	19067
				Country	US

Additional inventors are being named on the 1 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto

FORMULATIONS FOR TREATING OR PREVENTING MUCOSITIS

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DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 1 of 1

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])		Family Name or Surname			
Stephen J.		Comiskey			
Inventor's Signature	Stephen J. Comiskey			Date	
Residence: City	Doylestown	State	PA	Country	US
Post Office Address	105 Steeplechase Drive				
Post Office Address					
City	Doylestown	State	PA	ZIP	18901
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])		Family Name or Surname			
Inventor's Signature				Date	
Residence: City		State		Country	Citizenship
Post Office Address					
Post Office Address					
City		State		ZIP	Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])		Family Name or Surname			
Inventor's Signature				Date	
Residence: City		State		Country	Citizenship
Post Office Address					
Post Office Address					
City		State		ZIP	Country

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants: James Ronald Lawter and Stephen J. Comiskey

Serial No: 09/661,836 Art Unit: 1617

Filed: September 14, 2000 Examiner: Nguyen, H.

For: **"FORMULATIONS FOR TREATING OR PREVENTING
MUCOSITIS"**

Assistant Commissioner
for Patents
Washington, D. C. 20231

**POWER OF ATTORNEY BY ASSIGNEE OF ENTIRE INTEREST
AND REVOCATION OF PRIOR POWERS**

Sir:

As owner of the entire interest of the above-identified patent application, all powers of attorney previously given are hereby revoked and the following attorneys and agents are hereby appointed to prosecute and transact all business in the Patent and Trademark Office connected therewith:

Patrea L. Pabst
Zhaoyang Li

Registration No. 31,284
Registration No. 46,872

Please send all correspondence relating to the above-identified patent application to:

Patrea L. Pabst
HOLLAND & KNIGHT LLP
One Atlantic Center, Suite 2000
1201 West Peachtree Street
Atlanta, Georgia 30309-3400

(404) 817-8472 - Telephone
(404) 817-8588 - Telefax

09/661,836 U.S.S.N.
Filed Power of Attorney by Assignee of
Interest and Revocation of Prior Powers

The undersigned signatory (whose title is supplied below) is empowered to act on
behalf of the assignee identified below, and has reviewed all the documents in the
chain of title of the patent application and, to the best of undersigned's knowledge
and belief, title is in the assignee.

OraPharma, Inc.

By: Michael D. Kishbauch

Name: MICHAEL D. KISHBAUCH

Title: PRESIDENT / CEO

Date: May 18, 2001

ATL1 #394016 v1

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STATEMENT UNDER 37 CFR 3.73(b)Applicant/Patent Owner: James Ronald Lawter and Stephen J. ComiskeyApplication No./Patent No.: 09/661,836 Filed/Issue Date: September 14, 2000Entitled: FORMULATIONS FOR TREATING OR PREVENTING MUCOSITISOrbPharma, Inc. , a Corporation

(Name of Assignee)

(Type of Assignee, e.g., corporation, partnership, university, government agency, etc.)

states that it is:

- the assignee of the entire right, title, and interest; or
- an assignee of an undivided part interest

in the patent application/patent identified above by virtue of either:

A. An assignment from the inventor(s) of the patent application/patent identified above. The assignment was recorded in the Patent and Trademark Office at Reel 011173, Frame 0010, or for which a copy thereof is attached.

OR

B. A chain of title from the inventor(s), of the patent application/patent identified above, to the current assignee as shown below.

1. From: _____ To: _____
The document was recorded in the Patent and Trademark Office at Reel _____, Frame _____, or for which a copy thereof is attached.
2. From: _____ To: _____
The document was recorded in the Patent and Trademark Office at Reel _____, Frame _____, or for which a copy thereof is attached.
3. From: _____ To: _____
The document was recorded in the Patent and Trademark Office at Reel _____, Frame _____, or for which a copy thereof is attached.

 Additional documents in the chain of title are listed on a supplemental sheet. Copies of assignments or other documents in the chain of title are attached.

[NOTE: A separate copy (i.e., the original assignment document or a true copy of the original document) must be submitted to Assignment Division in accordance with 37 CFR Part 3, if the assignment is to be recorded in the records of the PTO. See MPEP 302-302.8]

The undersigned (whose title is supplied below) is empowered to sign this statement on behalf of the assignee.

5/23/01

Date

Signature

JAMES A. RATIGAN

Typed or printed name

CFO

Title